PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

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INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where

maintenance fee notifications. CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)				Note: A certificate of mailing can only be used for domestic mailings of the		
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23643	7590 02/23	/2010				
	HORNBURG LLI	?	I h	Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United		
11 SOUTH MERIDIAN INDIANAPOLIS, IN 46204				I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.		
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			_			(Depositor's name)
						(Signature)
Processor and the second secon		(COLDON ESSENCE PROFESSOR OF THE PROFESS				(Date)
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTO	RTA F	ORNEY DOCKET NO.	CONFIRMATION NO.
10/582,811 06/14/2006			Michael P. Doyle	31725-200230 8735		
TITLE OF INVENTIO	N: COMPOSITION A	ND METHOD FOR IN	NHIBITING SALMONE	LA AND CAMPYLO	BACTER COLONIZAT	TION IN
POULTRY						
CANCEL TO A STATE OF THE STATE						
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	МО	\$1510	\$300	\$0	\$1810	05/24/2010
EXAMINER		ART UNIT	CLASS-SUBCLASS	7		
WARE, DEBORAH K		1651	424-093400	J		
1. Change of correspondence address or indication of "Fee Address" (37		out in the second secon		natent front page list		
CFR 1.363). Barnes & Thorn						
Address form PTO/S	ondence address (or Cha B/122) attached.	nge of Correspondence	of agents OR, alternat		hana 2	
"Fee Address" ind	ication (or "Fee Address' 2 or more recent) attach	Indication form	(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is 3			
Number is required.	a or more recent, attach	ed. Ose of a Customer	listed, no name will be	printed.	ine is 3	
3. ASSIGNEE NAME A	ND RESIDENCE DATA	TO BE PRINTED ON	THE PATENT (print or ty	pe)	the throughouse the community of the transmission of the transmiss	and the control of th
PLEASE NOTE: Unless an assignce is identified below, no assignce data will appear on the patent. If an assignce is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.						
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)						
Ilmira	raites of Moon	wie Zogoonsk			ŕ	
University of Georgia Research Foundation Athens, Georgia						
Please check the appropr	iate assignee category or	categories (will not be pr	rinted on the patent):	Individual Corpora	tion or other private gro	up entity Government
4a. The following fee(s) are submitted: 4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)						
Tissue Fee			A check is enclosed.			
	o small entity discount p		Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 10-0435. (enclose an extra copy of this form).			
Advance Order -	of Copies	and the same of th	overpayment, to Depo	y authorized to charge the sit Account Number <u> </u>	required fee(s), any det	iciency, or credit any a catra copy of this form).
	tus (from status indicated	above)			412.0.113	
a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the as						
NOTE: The Issue Fee an interest as shown by the	d Publication Fee (if requeecords of the United Stat	ired) will not be accepted es Patent and Trademark	d from anyone other than Office.	he applicant; a registered	attorney or agent; or the	e assignee or other party in
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Authorized Signature		1000	CONTROL OF THE PROPERTY OF THE	Date	100/10	
Typed or printed name	John P.	Breen		Registration No.		***
This collection of inform	ation is required by 37 C	FR 1.311. The information	n is required to obtain or	ctain a benefit by the pul	olic which is to file (and	by the USPTO to process)
submitting the completed	application form to the	USPTO. Time will vary	depending upon the indi-	imated to take 12 minute idual case. Any commen	es to complete, including its on the amount of tim	g gamering, preparing, and ne you require to complete
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